

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL
JUVENILE FACILITIES

Date of report: Amended Jan 10, 2018

Auditor Information			
Auditor name: Steven Jett			
Address: 21023 Briarwood Dr. Greenleaf, ID			
Email: sjett.preajuvaudit@gmail.com			
Telephone number: 2084590602			
Date of facility visit: 06-07-2017			
Facility Information			
Facility name: Five County Detention & Youth Rehabilitation Center			
Facility physical address: 423 north 2300 East			
Facility mailing address: (if different from above) P.O. Box 55 St. Anthony Idaho 83445			
Facility telephone number: 208-624-1345			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Nicky Chavez			
Number of staff assigned to the facility in the last 12 months: Click here to enter text.			
Designed facility capacity: 56 Beds			
Current population of facility: 18			
Facility security levels/inmate custody levels: Level 4 Treatment Youth/Detention Youth			
Age range of the population: 10-17			
Name of PREA Compliance Manager: Vail Codling		Title: Clinical Program Manager	
Email address: vcodling@co.fremont.id.us		Telephone number: 208-624-1345	
Agency Information			
Name of agency: Five County Detention & Youth Rehabilitation Center			
Governing authority or parent agency: (if applicable) County Owned and Operated			
Physical address: 423 North 2300 East St. Anthony Idaho 83445			
Mailing address: (if different from above) P.O. Box 55 St. Anthony, Idaho 83445			
Telephone number: 208-624-1345 Ext. 104			
Agency Chief Executive Officer			
Name: Nicky Chavez		Title: Director	
Email address: nchavez@co.fremont.id.us		Telephone number: 208-624-1345 Ext. 104	
Agency-Wide PREA Coordinator			
Name: Vail Codling		Title: Clinical Program Manager	
Email address: vcodling@co.fremont.id.us		Telephone number: 208-624-1345 Ext 105	

AUDIT FINDINGS

NARRATIVE

The Five County Detention and Youth Rehabilitation Center received its second PREA Audit on June 7-9, 2017. At the start of the meeting, I briefly met with Nicky Chavez, Administrator, and Vail Codling, PREA Coordinator, and outlined the agenda for the audit. During the meeting, I received a roster of staff and of residents. From the rosters, I picked 10 juveniles and 15 staff at random.

The tour was postponed and not conducted immediately after the meeting due to some scheduling issues at the Center.

Staff interviews started after the meeting. I arrived at the facility at 0630 on June 8 to conduct interviews with the three overnight staff picked at random for interviews.

Out of 17 residents, 11 were interviewed. The list of interviewees was picked at random from the resident roster.

15 staff were interviewed, including 9 line staff, 1 medical, 2 mental health, the administrator, the PREA Coordinator, 1 Supervisor.

An initial meeting was held with Nicky Chavez and Vail Codling.

The tour of the facility was conducted by Nicky Chavez, administrator. The facility was observed to be clean and orderly run. Residents seemed to be well supervised. All areas of the facility were toured, including the outside rec area.

Juvenile and staff files were checked for training records, resident education program participation, background checks and other mandated documentation.

DESCRIPTION OF FACILITY CHARACTERISTICS

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The Five County Detention & Youth Rehabilitation Center is a county owned and operated perimeter secure facility operating under the Balanced Approach of Restorative Justice principles providing community protection, accountability, and competency development.

The facility is a state of the art perimeter secure Detention Center offering Treatment Excellence and Youth Rehabilitation within the facility. The facility has a total of 56 Beds. 16 Beds are reserved for juveniles placed in Detention from five surrounding counties. The Detention center serves the counties of Fremont, Teton, Clark, Madison, and Jefferson Counties. 5-C also contracts with out of area counties including Franklin, Idaho, Teton County Wyoming and other counties as needed..

The facility had a long history of contracting with the Federal Bureau of Prisons for more than 18 years. The Director, Nicky Chavez and Clinical Program Manager Vail Codling have marketed the program nationally. Five County currently contracts with the Idaho Department of Juvenile Corrections and the State of Montana Department of Corrections. The facility provides safe and secure residential treatment for male and female juveniles committed to the custody of the Idaho Department of Juvenile Corrections, and State of Montana Department of Corrections. The facility is a secure Contract Provider for Residential Treatment for Juvenile Offenders ages 13-17.

All direct care staff are Certified Juvenile Detention Officers in the state of Idaho. They complete Field Officer Training and are certified through the State of Idaho Peace Officer Standards and Training; facility located in Meridian Idaho.

The Center employees several professional staff including three Mental Health Clinicians (2 LCSW and 1 LMSW, One Case Manager, LSW, and a Certified Drug and Alcohol Counselor. The facility has several certified Teachers/Educators that teach school year round employed by the Fremont County #215 School District.

The Program (the Direct Line Care/ Juvenile Detention Officers are trained to facilitate program)at Five County teaches high risk youth a variety of competency development curriculum. Classes taught include, Dialectical Behavior (DBT)Therapy Groups, Drug and Alcohol Prevention, Anger Management, Conflict Resolution, Social Skills, Relapse Prevention, Moral Reconation Therapy (MRT), and Mindfulness. The facility incorporates a behavior modification system for both short term Detention Residents, and a DBT rewards system consisting of Phase Advancement (1-6) toward completion of Program. The Program implicated a Therapy Dog Program (Sully and Kaya) that works with the Youth and is supervised primarily by the Case Manager and Drug and Alcohol Counselor.

The facility works closely with School District #215 to offer juveniles in the facility the ability to continue their education and goals toward earning a High School Diploma/GED, or earn college credits. In addition to a variety of strength based programs the facility in conjunction with the State Department of Education and Local School District have expanded a Parenting Class that "Once Upon a Baby Thinketh" that has been widely successful in educating and assisting youth to prepare for Parenthood since implantation in 2001.

The facility currently has two long term residential treatment "Female Groups" which focus on Gender Specific Groups for girls. A Certified 5-C Case Manager/Supervisor facilitates gender specific groups. The curriculum is titled VOICES. It is a program of self-discovery and empowerment for girls. The program is best practice evidence based treatment. It was created to address the unique needs of adolescent girls and young women. Voices encourage girls to seek and celebrate their "true selves" by giving them a safe space, encouragement, structure, and support to embrace their important journey of self-discovery. The program advocates a strength based approach that helps girls to identify and apply their power and voices as individuals and as a group. The focus is on issues that are important in the lives of adolescent girls, from modules about self and connecting with others to exploring healthy living and the journey ahead. (Stephanie S. Covington, Ph.D VOICES 2004)

All of the staff at the Five County Detention & Youth Rehabilitation Center are committed to helping youth and creating a safe therapeutic community for youth to make changes in their lives. This is evident by the facility mission statement; "The Mission Statement of the facility is "The mission of the Five-County Detention & Youth Rehabilitation Center is to support member communities in their efforts to reduce and eliminate, where possible juvenile crime. To accomplish this we will protect victims of juvenile crime and the public at large by maintaining a secure, state of the art detention facility, by continually role modeling the pro-social behaviors we teach and by adhering to the highest quality programming standards practicable in our efforts to help juvenile offenders develop competencies that will empower them to lead productive –crime free lives."

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy in place to cover all of Standard 115.311. PC has enough time and authority to initiate changes, policies, etc.

Standard 115.312 Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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~~Not Applicable~~

Standard 115.313 Supervision and monitoring

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Staffing plan policy meets requirements. Reviews are done at least annually and sometimes semi-annually, and have been the basis for adding more cameras.

Staffing ratio is adhered to, with an incident occurring during the audit where an employee did not report to work due to a miscommunication. A midnight staff stayed so that the resident:staff ratio was still kept. Also, management can step in to maintain ratios.

PREA Unannounced Rounds are conducted frequently and documented well.

PREA Audit Report

Standard 115.315 Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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XG announcements are being done, and are documented, but not consistently. In Jan, only documented less than 30 times (avg 1/day but not consistent). However, interviews with staff confirmed that although the facility-wide announcement was only done once per day or once per shift, staff made the announcement whenever they entered the area where opposite gender youth were housed. A couple of detention-wing juveniles said that they did not hear the announcement, although there is no doubt that the announcements are occurring.

Staff interviews also confirmed that staff are aware that X-G pat searches are allowed under exigent circumstances, they had never done one.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

- ☒ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Agreements are in place with Brigham Young University-Idaho to utilize students from the school as interpreters. A very large number of BYU-I students are returned missionaries of the Church of Jesus Christ of Latter-day Saints, which has missions throughout the world covering over 116 languages.

Standard 115.317 Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

All aspects of 115.317 are covered through forms, processes and policies. Registries are checked.

Standard 115.318 Upgrades to facilities and technologies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Cameras have been upgraded and added in some areas. Camera system was demonstrated and is impressive.

Standard 115.321 Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All aspects of 115.321 are covered. Madison Memorial and Eastern Idaho Regional MC have SANE available.

Standard 115.322 Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies and practices exist to ensure that all allegations are referred to proper investigating agency.

Standard 115.331 Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with staff showed that the training at 5C has been effective. All staff demonstrated a good knowledge of evidence protocol and the first responder duties outlined in 115.364a. All staff knew that reporting up the chain of command is allowed per Idaho MRL.

Standard 115.332 Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Contractor form has all aspects of 115.332.

Standard 115.333 Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All interviews with residents were positive, and showed that the facility effectively educates residents regarding PREA. All knew most of the multiple reporting methods and we able to explain them. Almost all heard the PREA XG announcement multiple times per day , and some said that it was done too often.

Standard 115.334 Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Administrative staff have been trained in the Moss Group curriculum for investigators.

Standard 115.335 Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Medical and mental health staff have all been through the specialized training and also regular PREA training pertinent to their status.

Standard 115.341 Screening for risk of victimization and abusiveness

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At the time of the audit, the facility was not affirmatively asking the question regarding a resident's LGBTI Status for the intake assessment. The facility was given an example of an assessment that covers all items listed in 115.341.

REQUIRED ACTION: Implement an assessment that includes asking the residents about their LGBTI Status as required in the PRC Website's FAQ page. Furnish at least two month's worth of completed assessments to the auditor (redacted personal information is recommended.)

Very soon after the audit visit, the facility provided me with an updated vulnerability assessment and also proof of staff training on using the assessment.

Standard 115.342 Use of screening information

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Screening information is used appropriately to make housing decisions for all youth, but especially for treatment kids, who are in the Center for a longer period of time, usually, than the detention kids. All requirements that exist in 115.342 for isolation, if used, are in place.

Standard 115.351 Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All residents knew reporting measures, and the facility does have an outside reporting mechanism in place.

Standard 115.352 Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Good grievance procedure in place.

Standard 115.353 Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents have access to outside support services through the Family Crisis Center.

Standard 115.354 Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Third party reporting mechanisms are in place, and information on website.

Standard 115.361 Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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All staff knew reporting duties. Medical and MH staff are giving notice to residents about their duty to report and limitations to confidentiality.

Standard 115.362 Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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All staff were knowledgeable regarding steps that they would immediately take to keep residents safe.

Standard 115.363 Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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5C has policies covering 115.363.

Standard 115.364 Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Throughout staff interviews, it was apparent that the facility training had been very effective. All staff knew first responder duties well, with strong emphasis on those duties listed in 115.364 a 1-4.

Standard 115.365 Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Facility has developed a good flow chart, which is posted in many areas, outlining steps to be taken when an incident occurs.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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No collective bargaining.

Standard 115.367 Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Agency has a good program for protection against retaliation. Frequent interviews with residents are held.

Standard 115.368 Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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All requirements that exist in 115.342 for isolation, if used, are in place.

Standard 115.371 Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Criminal Investigations are conducted by St. Anthony PD or Fremont County SO. Administrative investigations are handled at the facility level by those staff who have been through the Moss Group Specialized Training for Investigators.

Standard 115.372 Evidentiary standard for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Preponderance of the evidence standard in policy.

Standard 115.373 Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
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- ☐ Does Not Meet Standard (requires corrective action)

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recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Center reports to residents using forms which cover all aspects of 115.373.

Standard 115.376 Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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Standard 115.377 Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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All aspects of 115.377 are in covered.

Standard 115.378 Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All the requirements of 115.378 are in place in policies and practice.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with Medical and MH staff confirmed that all aspects of this standard were being met.

Standard 115.382 Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with Medical and MH staff confirmed that all aspects of this standard were being met.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews with Medical and MH staff confirmed that all aspects of this standard are being met.

Standard 115.386 Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Incident Reviews are handled well, and a form is used that covers all aspects of 115.386.

Standard 115.387 Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data collected and aggregated, posted on website.

Standard 115.388 Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data posted on website. Data used during reviews to evaluate operations, cameras, staffing, etc.

Standard 115.389 Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data stored securely.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Steven Jett

10 Jan 2018

Auditor Signature

Date